

RECEIVED
 UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF ILLINOIS

~~Leo D. Brown, III~~ *Leo D. Brown, III*
 (full name of plaintiff or petitioner)

vs.

*Holy Cross Hospital
 Jackson Park Hospital
 North Western Memorial
 Ben Gordon Health Care
 DeKalb, IL.*
 (full name of defendant(s) or respondent(s))

CLERK
 U.S. DISTRICT COURT
**APPLICATION TO PROCEED
 WITHOUT PREPAYING FEES OR
 COSTS / FINANCIAL AFFIDAVIT
 (NON-PRISONER CASE)**

Case number:

1:21-cv-06778

Judge Matthew F. Kennelly
 Magistrate Jeffrey T. Gilbert
 CAT 2 / RANDOM

Instructions: Please answer every question. Do not leave blanks.
 If the answer is "0" or "none," say so.

Application: I am one of the parties in this case. I believe that I am entitled to the relief I am requesting in this case. I am providing the following information under penalty of perjury in support of my request (check all that apply):

☒ to proceed *in forma pauperis* (IFP) (without prepaying fees or costs)

☒ to request an attorney

FILED

DEC 17 2021 *ER*

THOMAS G. BRUTON
 CLERK, U.S. DISTRICT COURT

1. Are you employed?

☐ Yes Name and address of employer: _____

Total amount of monthly take-home pay: _____

☒ No Date(s) of last employment: _____ Last monthly take-home pay: _____

2. If married, is your spouse employed? ☒ Not married

☐ Yes Name and address of spouse's employer: _____

Total amount of spouse's monthly take-home pay: _____

☐ No Date(s) of spouse's last employment: _____ Spouse's last monthly take-home pay: _____

3. Other sources of income / money: For the past 12 months, list the amount of money that you and/or your spouse have received from any of the following sources:

Self-employment, business, or profession:

Income from interest or dividends:

Income from rent payments:

Pensions, annuities, or life insurance:

Disability or worker's compensation:

Gifts (including deposits into any accounts in your name):

Unemployment, public assistance, or welfare:

Settlements or judgments (include any that are expected):

Any other source of money:

(list the 12-month total for each)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

4. Cash and bank accounts: Do you and/or your spouse have any money in cash or in a checking or savings account? ☐ Yes ☒ No If yes, how much? _____

5. Other assets: Do you and/or your spouse own or have an interest in any real estate (including your home), stocks, bonds, other securities, retirement plans, automobiles, jewelry, or other valuable property (not including ordinary household furnishings and clothing)? ☐ Yes ☒ No

If yes, list each item of property and state its approximate value:

6. Dependents: Is anyone dependent on you and/or your spouse for support? ☒ Yes ☐ No

If yes, please list their names (for minor children, use only initials); relationship to you; and how much you and/or your spouse contribute toward their support each month:

7. Debts and financial obligations: List any amounts you owe to others:

Unknown

8. Provide any other information that will help explain why you cannot afford to pay court fees / hire an attorney:

Currently homeless & applying for disability

Declaration: I declare under penalty of perjury that all of the information listed above is true and correct.

I understand that a false statement may result in dismissal of my claims or other sanctions.

Date:

12/17/2021

Applicant's signature

Leo D. Brown, III

Printed name